

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588429

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1					
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21			1			
22				1		
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26						
27				1		
28					1	
29						1
30					1	
31					1	
32						1
33						
34			2			
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49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←	21	←		←	
TOTAL CLAIMS		22				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓				
TOTAL DEP.	←		↓		←	
TOTAL CLAIMS		22				